



MD22 Lions Vision Research Foundation, Inc.



Contribution Form

DONOR

(If more than a single donor, please provide list of donors and amounts on separate page.)

First Name _____ Last Name _____

Street Address _____ City _____ State ____ Zip _____

Phone Number _____ Club Name _____ District _____

TYPE OF DONATION

- Annual Giving**, payable to "LVRF".
 - Knights of the Blind Pyramid (>= \$1,000)
Name as it should appear on pyramid: _____
 - Arnall Patz Fellowship (\$2,500)
Name as is should appear on the plaque: _____
- Vision Days**, payable to "LVRF-Vision Days". (formerly Candy Days)
 - Knights of the Blind Pyramid (>= \$1,000)
Name as it should appear on pyramid: _____
 - Arnall Patz Fellowship (\$2,500)
Name as is should appear on the plaque: _____
- Honorarium/Memorial donation**, payable to "LVRF".
 - HONORARIUM MEMORIAL
 - Honorarium/Memorial for: _____

Send honorarium/memorial card to:

First Name _____ Last Name _____

Street Address _____ City _____ State ____ Zip _____

SHIPPING INSTRUCTIONS

Awards can not be sent to P.O. Boxes.

First Name _____ Last Name _____

Street Address _____ City _____ State ____ Zip _____

Daytime Phone No. _____

(Recognition is not awarded until contributions are received by LVRF)

Send all donations to: LVRF; P.O. Box 1714; Baltimore, MD 21203

Bus: 410-955-1883 Fax: 410-955-1883 e-mail: hmays@bcpl.net